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**APPLICANTS**  
 Michel Bachmann, Vaux sur Morges, SWITZERLAND;  
 Christian Imbert, Froideville, SWITZERLAND;  
 Alain Jordan, Lausanne, SWITZERLAND;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/IB05/50822 03/05/2005

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 SWITZERLAND CH04/000136 03/08/2004

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\***  
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
Verified and Acknowledged	/SON H DANG/ Examiner's signature	Initials	SWITZERLAND	2	7	1

**ADDRESS**  
 Mitchell P. Brook  
 LUCE, FORWARD, HAMILTON & SCRIPPS LLP  
 11988 EL CAMINO REAL, SUITE 200  
 SAN DIEGO, CA 92130  
 UNITED STATES

**TITLE**  
 Closure System for Tubular Organs

<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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